



Rhode Island Medical Assistance Prior Authorization Program

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM DEPARTMENT OF HUMAN SERVICES ENHANCED PRIOR AUTHORIZATION PROGRAM

Use Web PA Form	Drugs covered under Prior Authorization	Relevant Diagnosis / Physical Status	Approval Criteria or Documentation required
PA14	ANTI-HISTAMINES – Rx 2 ND GENERATION	N/A	<ul style="list-style-type: none"> EVIDENCE OF THERAPEUTIC TRIAL AND FAILURE WITH OTC LORATIDINE PRODUCTS, OR DOCUMENTED ADE TO OTC LORATIDINE PRODUCTS
PA09	BOTOX	SPASTICITY	EVIDENCE OF RELEVANT DIAGNOSIS
PA02	CNS STIMULATORS	Narcolepsy Depressive Disorder Major Depressive Disorder Major Depressive Affective Disorder ADD-Attention Deficit Disorder ADHD-Attention Deficit Hyperactivity Disorder	EVIDENCE OF RELEVANT DIAGNOSIS
PA08	COX 2 INHIBITORS: * * PATIENTS WITH PRESCRIPTIONS FOR ROFECOXIB 50MG PER DAY FOR GREATER THAN 5 DAYS WILL BE DENIED	FAMILIAL ADENOMATOUS POLYPOSIS RHEUMATOID ARTHRITIS OSTEOARTHRITIS ACUTE PAIN CHRONIC PAIN	FAMILIAL ADENOMATOUS POLYPOSIS - Celecoxib Only RHEUMATOID ARTHRITIS - Presence of at least one GI toxicity risk factor present or Documented Therapeutic Failure of 1 nonselective NSAID Age ≥ 75 years of age Prior history of GI Event Concurrent use NSAIDS and corticosteroids Concurrent use NSAIDS and oral anticoagulants OSTEOARTHRITIS - Presence of at least one GI toxicity risk factor or documented therapeutic failure of one nonselective NSAID or APAP Age ≥ 75 years of age Prior history of GI Event Concurrent use NSAIDS and corticosteroids Concurrent use NSAIDS and oral anticoagulants ACUTE PAIN - Presence of at least 1 GI toxicity risk factor Prior history of GI Event Concurrent use NSAIDS and corticosteroids Concurrent use NSAIDS and oral anticoagulants CHRONIC PAIN - Presence of at least one GI toxicity risk factor Prior history of GI Event Concurrent use NSAIDS and corticosteroids Concurrent use NSAIDS and oral anticoagulant
PA03	ERECTILE DYSFUNCTION	ERECTILE DYSFUNCTION IMPOTENCE OF ORGANIC ORIGIN	MALES ONLY EVIDENCE OF RELEVANT DIAGNOSIS DOCUMENT UNSUCCESSFUL PRIOR TREATMENTS
PA05	FOLLICLE STIMULATING HORMONE	Hypogonadism	MALES ONLY EVIDENCE OF RELEVANT DIAGNOSIS
PA11	FUZEON	HIV	APPROVAL LIMITED TO INFECTIOUS DISEASE SPECIALISTS PERSISTENT VEREMIA WITH CURRENT THERAPY CURRENTLY PRESCRIBED 3 ANTIRETROVIRALS FAILED > 6 DIFFERENT ANTIRETROVIRAL DRUG THERAPIES (EQUIVALENT TO TWO COURSES OF TREATMENT)
PA06	GROWTH HORMONES	GH DEFICIENCY – ADULT ONSET GHD AS A RESULT OF INJURY PREVIOUS CHILDHOOD GROWTH HORMONE DEFICIENCIES REQUIRING CONTINUOUS TREATMENT INTO ADULTHOOD	APPROVAL LIMITED TO ENDOCRINOLOGISTS DIAGNOSTIC TEST RESULTS: Insulin tolerance test with growth hormone (GH) levels < 5ng/ml or Arginine stimulation test with GH levels < 5ng/ml (or < 9ng if arginine combined with GH-releasing hormone or An equivalent diagnosis test

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PA12	XOLAIR	ASTHMA	APPROVAL LIMITED TO PULMONOLOGISTS, ALLERGISTS, AND IMMUNOLOGISTS AEROALLERGEN PRESENCE IGE > 30 IU/ML INADEQUATELY CONTROLLED ASTHMA ON ORAL/INHALED MEDICATIONS

Criteria and forms for submission of patient information for prior authorization approval are available at the DHS Medicaid Website: www.dhs.ri.gov/dhs/heacre/provsvcs/mpharpa.htm

CURRENT DRUGS REQUIRING PRIOR AUTHORIZATION AND PA REQUEST FORM.

PA01	MODAFINAL
PA02	CNS STIMULATORS
PA03	ERECTILE DYSFUNCTION
PA04	WEIGHT LOSS / ANTI-OBESITY
PA05	FOLLICLE STIMULATING HORMONE
PA06	GROWTH HORMONES
PA07	PROTON PUMP INHIBITORS
PA08	COX 2 INHIBITORS
PA09	BOTOX
PA10	Tracleer/Flolan/Remodulin
PA11	Fuzeon
PA12	Xolair
PA13	LONG ACTING NARCOTICS
PA14	ANTIHISTAMINES – Rx 2 ND GENERATION
PA15	OPHTHALMIC ALLERGY MEDICATIONS - RX